

EXHIBIT 78

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

STATE OF NEW YORK, et al.

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official capacity as
SECRETARY OF THE U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES, et al.,

Defendants.

Case No. 1:25-cv-00196

DECLARATION OF DR. JEROME LARKIN

I, Jerome Larkin, M.D., declare under the penalty of perjury pursuant to 28 U.S.C. § 1746 that the foregoing is true and correct:

1. I am the Director of the Rhode Island Department of Health (RIDOH). The information set forth in this Declaration is based on my personal knowledge, information gathered by and in consultation with RIDOH personnel, and a review of business records that have been provided to and reviewed by me.

2. I submit this Declaration in support of the States' Opposition to Defendants' Motion to Clarify and Modify the Preliminary Injunction and Plaintiff States' Cross-Motion to Clarify the Preliminary Injunction.

Professional Background

3. I have held the position of Director of RIDOH since May 21, 2024. I am board-certified in Internal Medicine and Infectious Diseases by the American Board of Internal Medicine and in General Pediatrics by the American Board of Pediatrics. For the 16 years prior to my appointment as Director of RIDOH, I served as the Medical Director of Inpatient

Infectious Diseases Consultation Services at Rhode Island Hospital, the Co-Director of Pediatric HIV Clinic at Hasbro Children's Hospital, and the Medical Director of the Infectious Disease Clinic at Rhode Island Hospital.

4. The mission of RIDOH, founded in 1878, is to prevent disease and protect and promote the health and safety of the people of Rhode Island.

5. The execution of RIDOH's mission relies heavily on the personnel, funding, information, expertise, technical assistance, communications, data and resources provided by the U.S. Department of Health and Human Services (HHS), its Centers for Disease control and Prevention (CDC), the U.S. Food and Drug Administration (FDA), the Administration for Community Living (ACL) and the Substance Abuse and Mental Health Services Administration (SAMHSA).

6. Unlike many other States, the Rhode Island Department of Health serves as the singular public health resource – an agency that serves over one million residents and over 28 million tourists, annually.

7. I am providing this Declaration to explain the impact on Rhode Island due to Defendant's failure to abide by the Preliminary Injunction, which was granted on July 1, 2025.

Rhode Island State Tobacco Program

8. The CDC's Office on Smoking and Health runs the National Tobacco Control Program, which provides core funding for RIDOH's Tobacco Control activity through a cooperative agreement. This funding supports the Rhode Island Nicotine Helpline and the Statewide Tobacco Network.

9. The Rhode Island Nicotine Helpline provides free individualized support for tobacco cessation, through the use of trained "quit coaches" who develop customized plans to

quit smoking for callers. The helpline offers free multi-session telephone or online counseling, self-help materials, and free Nicotine Replacement Therapy for medically eligible callers. Counseling services are offered in over 100 languages, to best meet the needs of the people of Rhode Island in formulating effective nicotine reduction strategies.

10. The Statewide Tobacco Network is a group of organizations, community partners and individuals working together across the state to reduce tobacco and nicotine use, which is the leading cause of preventable death in Rhode Island.

11. The Rhode Island Nicotine Helpline and Statewide Tobacco Network addresses disparities of use within populations targeted by the tobacco industry, collects state and local data on use to identify emerging trends, and directs marketing campaigns for education and promotion of resources to help quit tobacco use.

12. As a result of the loss in the sixth year of funding, on April 21, 2025, RIDOH was forced to terminate funding in nine (9) community contracts

13. The impacts include the dissolution of a state-wide tobacco network that coordinated tobacco prevention and control activities among community organizations, individuals, and state agencies. The loss of this funding created a severe reduction in cessation resources and treatment for nicotine and tobacco addiction. It also led to a loss of technical assistance to schools in implementing policies aimed at reducing chronic absenteeism, including programs that offer alternatives to suspension for tobacco-related offenses. Additionally, the loss of funding hindered efforts to reach and educate vulnerable communities on the harms and risks of using tobacco and nicotine, along with efforts to connect them with cessation resources available to help quit. The State is further disadvantaged insofar as Rhode Island is not able to effectively reduce health disparities and improve health equities in the state. Rhode Island is

further prevented from providing essential training in the form of nicotine replacement therapies to individuals in the justice system who are forced to stop using tobacco.

14. In addition to the above halt in programming, the lack of expected funding has resulted in the termination of employees within these community organizations, the absence of a coordinated response to address tobacco industry threats, and the fracturing of long-term partnerships.

15. After terminating the above community contracts, on July 15, 2025, the CDC offered RIDOH one-time funding for an additional twelve (12) month period (**April 29, 2025 – April 28, 2026**) to allow for completion of program activities and extended evaluation of the program. The terms of the offer required that RIDOH complete its application in four (4) business days, and did not indicate the amount of the funding that would be provided.

16. RIDOH has unsuccessfully attempted to seek information from CDC personnel about the status of funding. However, RIDOH has learned that efforts have been hampered because there is only one person at the CDC reviewing all 50 states' one-time funding applications and that alternative staff is not available.

17. The three-month lapse in the RI State Tobacco Program has resulted in collapse in the community partnerships. Together with the inability to access basic information from CDC personnel, the future of the RI State Tobacco Program is left in a precarious state.

Overdose Data to Action Grant (OD2A)

18. The CDC Overdose Data to Action in States (OD2A-S) cooperative agreement with state health departments track nonfatal and fatal overdoses and emerging threats and support state health departments in preventing non-fatal and fatal overdoses. RIDOH is funded for four program components.

19. RIDOH's Drug Overdose Prevention Program educates clinicians on best practices for prescribing and screening for Substance Use Disorder, builds system-wide clinical capacity to support trauma-informed care, enhances the Prescription Drug Monitoring Program's (PDMP) data sharing capacity, implements community-level interventions in high burden areas, leverages partnerships with public safety, expands harm reduction services using peer navigators, and improves linkage to care services in Rhode Island. It does so by providing access to timely data on nonfatal and fatal overdoses to inform prevention strategies in Rhode Island, particularly for groups that are disproportionately impacted by the overdose epidemic. RIDOH uses robust data and surveillance systems to rapidly respond to the increasingly complex nature of the overdose epidemic and to evaluate and improve strategies to address overdose prevention.

20. RIDOH receives \$3,453,142 for all four of its programs: prevention (Drug Overdose Prevention Program), surveillance and epidemiology, data linkages (Substance Use Epidemiology Program, SUEP) and biosurveillance (State Health Laboratory, SHL).


21. On or around the week of July 7, CDC staff communicated to RIDOH that States should expect a 50% reduction in funding with a possible award at a later date. The CDC staff indicated that there may not be funding for the OD2A program in the future.

22. This loss of funding will significantly impede RIDOH's ability to prevent avoidable overdoses in the State of Rhode Island. If these proposed cuts are enacted, the Drug Overdose Prevention Program will need to lay off contracted staff who have twenty (20) years of combined expertise in overdose prevention, terminate community contracts that provide outreach services such as overdose prevention education, basic needs, harm reduction and treatment and recovery support, and reduce staffing levels of eight state employees. Similar reductions would occur within SUEP and SHL, weakening the State's ability to respond to and monitor statewide

drug overdose activity, or implement data driven evidence-based strategies to reduce nonfatal and fatal overdoses.

Conclusion

23. HHS's failure to reinstate staff and expertise and funding to pre-March 27 Directive levels are creating a loss of programmatic support, expertise, resources, data and services which will decimate the work of my agency and will jeopardize the health, safety and welfare of those who live in and visit the State of Rhode Island.


[NAME]

Date: 7/24/25